



Please type or print in ink.

11 APR -7 PM 3:27

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GOMEZ MICHAEL

1. Office, Agency, or Court

Agency Name

CITY OF HAWAIIAN GARDENS

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: REDEVELOPMENT AGENCY

Position: DIRECTOR

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of HAWAIIAN GARDENS

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Assuming Office: Date _____

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

03/20/10
(month, day, year)

Signature

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ NAME OF SOURCE <u>ENGLANDER & ASSOC.</u> ADDRESS (Business Address Acceptable) <u>801 S. FIGUEROA ST. LOS ANGELES CA.</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>GOVERNMENT RELATIONS & STRATEGIC COMM.</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/21/10</u>	<u>\$ 125.00</u>	<u>GOLF TOURNAMENT REGISTRATION</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE <u>WOODRUFF, SPRAOLIN & SMART</u> ADDRESS (Business Address Acceptable) <u>555 ANTON BLVD #1200 COSTA MESA CA.</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>CITY ATTORNEY</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/21/10</u>	<u>\$ 60.00</u>	<u>DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE <u>IRVING MOSKOWITZ CORP.</u> ADDRESS (Business Address Acceptable) <u>29520 PIONEER BLVD. #205 GARDENS CA.</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>NON-PROFIT BINGO CLUB</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/22/10</u>	<u>\$ 30.00</u>	<u>CELEBRATION</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____